

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097907771

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	7	↓	↓	↓	↓	↓
TOTAL	43	↓	↓	↓	↓	↓
TOTAL	52	↓	↓	↓	↓	↓
TOTAL	52	↓	↓	↓	↓	↓

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL	↓	↓	↓	↓	↓	↓
TOTAL	↓	↓	↓	↓	↓	↓

1369-16-184